



HTING PATENT 0071-0470P nemd

IN THE U.S: PATENT AND TRADEMARK OFFICE

05-22-05

Applicant:

Hiroshi KAMO et al.

Conf.:

4237

Appl. No.:

10/086,852

Group:

Filed:

March 4, 2002

Examiner:

For:

A RESIN COMPOSITION

Assistant Commissioner for Patents Washington, DC 20231

ATTN: W.P. ERWIN, DIRECTOR OF FINANCE

REFUND SECTION
ACCOUNTING DIVISION

OFFICE OF FINANCE

JAN 16 2003

REQUEST FOR REFUND
(Improper Charge of Deposit Account)

## I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account  $\underline{02\text{-}2448}$  shown on the statement dated March 8, 2002 for the above-identified

$\boxtimes$	application
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patent

A copy of the monthly statement in which the error referred to occurs, accompanies this request.

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

		AMOUNT OF REFUND REQUESTED
	filing fee	
	surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	
	and/or	
	surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	
	extension of term	
	first month	<del></del>
U <sub>tok</sub> ry.	second month	<del></del>
	third month	
	fourth month	<del></del>
. 🔯.	excess claims	144.00
	issue fee	
	petition fee	
	patent maintenance fee	
	first maintenance fee	
	second maintenance fee	
	third maintenance fee	
	patent maintenance fee surcharge	
	Other: multiple dependent claims	144.00
		- Amillion for a company and
	TOTAL REFUND REQUESTED	\$144.00

## III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

On March 4, 2002 Applicants filed the above-identified application and paid \$370.00 by check which included \$280.00 for multiple dependent claims and \$90.00 for extra claims. However, on March 8, 2002 and March 29, 2002, Applicants' deposit account was charged a total of \$648.00. Therefore, the total claim fee paid was \$1018.00 (\$370.00 + \$648.00).

Applicants calculate that the total fee (multiple dependent claim fee and extra claims fee should be \$874.00 (\$280.00 multiple dependent claim fee and \$594.00 (33 extra claims)); therefore, Applicants should be credited \$144.00 (\$1018.00 - \$874.00).

## IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

us with an indication that the credit has been processed.

อิยกรราช

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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Attachment

RCS/GMD/qh

0071-0470P

(Rev. 12/07/01)